








2010 Medicare Prescription Drug Benefit (Part D) Eligibility & Enrollment Chart for Indiana

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
No Medicare Coverage	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Call SHIP 1-800-452-4800	N/A
Medicaid Only	You are not eligible for Medicare Prescription Drug Benefits	N/A	N/A	Medicaid will continue to cover your prescriptions	N/A
<p>Medicaid & Medicare (Dual-Eligible)</p> <p>AND:</p> <p>Yearly Income below \$11,070 (single) or \$14,819 (married)</p> <p>OR:</p> <p>Yearly Income below \$11,070 (single) or \$14,819 (married)</p>	<p>You are eligible for Extra Help</p> <p>No premium No deductible No gap in coverage</p> <p> \$1.10 - \$3.30 co-pay for prescriptions</p> <p> \$2.50 - \$6.30 co-pay for prescriptions</p>	<p>New to Medicare You will be auto-enrolled in a plan for coverage first day of Medicare entitlement unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Medicaid You will be auto-enrolled into a plan if you are not already in a drug plan. Coverage will be retroactive to the month your Medicaid coverage began.</p>	<p>CMS will notify you by mail if you are to be auto-enrolled.</p> <p>(CMS—Centers for Medicare & Medicaid Services)</p>	<p>You do <u>not</u> need to apply for Extra Help. You are already eligible.</p>	<p>New to Medicare - You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Medicaid - If you are auto-enrolled into a plan that does not cover your medication you may switch plans.</p>

The 2010 Medicare Prescription Drug Benefit Enrollment & Eligibility Chart for Indiana is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

IF YOU HAVE...	WHAT DO YOU GET?	PART D PLAN ENROLLMENT	HOW WILL YOU BE NOTIFIED?	WHAT SHOULD YOU DO?	WHEN SHOULD YOU ACT?
<p>Medicare Savings Program QMB, SLMB, or QI (Medicaid helps pay for your Medicare) Or SSI</p> <p>AND...</p> <p>Yearly income below \$11,070 (single) or \$14,819 (married)  \$1.10 - \$3.30 co-pay</p> <p>Yearly income above \$11,070(single) or \$14,819 (married)  \$2.50 - \$6.30 co-pay</p>	<p>You are eligible for Extra Help</p> <p>No premium No deductible No gap in coverage</p>	<p>New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.</p>	<p>CMS will notify you by mail if you are to be facilitated into a plan.</p>	<p>You do <u>not</u> need to apply for Extra Help. You are already eligible.</p>	<p>New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Extra Help - If you are facilitated into a plan that does not cover your medication you may switch plans.</p>
<p>Medicare with no prescription coverage</p> <p>Yearly income below: \$14,860 (single) or \$19,910 (married) AND Resources less than \$8,100 (single) or \$12,910 (married)</p>	<p>You are eligible for Extra Help, but you must <u>apply</u>.</p> <p>No premium No deductible No gap in coverage \$2.50 or \$6.30 co-pay</p>	<p>New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.</p>	<p>CMS will notify you by mail if you are to be facilitated into a plan.</p>	<p>Apply for Extra Help</p> <p>Select and enroll in a Drug Plan. </p> <p>You may want to also apply for the Medicare Savings Program if your resources are below \$4,000 or \$6,000 if married.</p>	<p> Any time</p> <p> New to Medicare You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Extra Help - You may choose your own plan prior to facilitated enrollment.</p>

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<p>Medicare with no prescription coverage</p> <p>Yearly income below \$16,485 (single) or \$22,095 (married)</p> <p>AND</p> <p>Resources less than \$12,510 (single) or \$25,010 (married)</p>	<p>You are eligible for Extra Help, but you must <u>apply</u>.</p> <p>\$63 deductible 15% co-pay No gap in coverage Sliding Scale Premium * (see chart below)</p>	<p>New to Medicare - You will be auto-assigned (or facilitated) plan unless you choose your own plan during the first three months of your initial enrollment period (during the 3 months before your Medicare coverage starts).</p> <p>New to Extra Help - If you do not already have a drug plan you will be facilitated into a plan and notified of the effective date.</p>	<p>CMS will notify you by mail if you are to be facilitated into a plan.</p>	<p>Apply for Extra Help</p> <p>Select and enroll in a Drug Plan</p>	<p>Any time.</p> <p>New to Medicare - You to ensure your new drug plan best suits your needs, you should enroll into a plan during the first 3 months of your initial enrollment period.</p> <p>New to Extra Help - You may choose your own plan prior to facilitated enrollment.</p>

If your income is:	Single Income	Married Income	What you will pay in monthly premium
135% FPL or lower	Below \$14,860	Below \$19,910	0% of the premium
135% - 140% FPL	\$14,860 - \$15,402	\$19,910 – \$20,638	25% of the premium
140% - 145% FPL	\$15,402 - \$15,945	\$20,638 - \$21,366	50% of the premium
145% - 150% FPL	\$15,945 - \$16,485	\$21,366 - \$22,095	75% of the premium

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Medicare but your income and/or resources are above the Medicare Prescription Drug Benefit limits for Extra Help...	<p>You are not eligible for Extra Help.</p> <ul style="list-style-type: none"> • Est. \$35/mo premium • \$310 deductible • gap in coverage from \$2,830 to \$6,440 in drug expenses • After gap, you pay greater of 5% or \$2.50/\$6.30 co-pay 	You will need to enroll in a Drug Plan	N/A	Consider selecting and enrolling in a Drug Plan	November 15 through December 31
Medicare with other prescription coverage	Your current prescription drug coverage may or may not change.		N/A	**Consider whether you should keep current coverage or enroll in the Medicare Prescription Drug Benefit	See chart below



**Medigap Policy (Medicare Supplement Policy)	If you have a Medigap policy with prescription drug coverage, it may or may not be continued. Contact your insurance company for information. Your insurance company must notify you whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
**Retirement Insurance Plan	Your retirement insurance plan may or may not change. Contact your plan for information. Your insurance company must notify you whether or not your coverage is as good as or better than the Medicare Prescription Drug Benefit, and when late penalties would apply if you choose to enroll in a Drug Plan later.
**HoosierRx (IN State Pharmaceutical Assistance Program)	HoosierRx offers premium assistance to its members. In order to qualify you must be an Indiana resident 65 or older, and meet the income requirements. Call Indiana's Pharmaceutical Assistance Program toll-free at 1-866-267-4679 for more information.
**VA Prescription Benefits (Veteran's Administration)	If you receive VA Prescription Drug Benefits, you do not need to enroll in a Medicare Prescription Drug Plan. You will not have a late penalty if you decide to enroll later.